

# Application for Recognition of Exemption

## Under Section 501(c)(3) of the Internal Revenue Code

For Paperwork Reduction Act Notice, see page 1 of the instructions.

To be filed in the key district for the area in which the organization has its principal office or place of business.

This application, when properly completed, constitutes the notice required under section 508(a) of the Internal Revenue Code so that an applicant may be treated as described in section 501(c)(3) of the Code, and the notice required under section 508(b) for an organization claiming not to be a private foundation within the meaning of section 509(a). (Read the instructions for each part carefully before making any entries.) The organization must have an organizing instrument (see Part II) before this application may be filed.

### Part I—Identification

1 Full name of organization Rotary Club of Des Moines Foundation		2 Employer identification number (If none, attach Form SS-4) applied for	
3(a) Address (number and street) Room 300, Hotel Fort Des Moines		Check here if applying under section: <input type="checkbox"/> 501(e) <input type="checkbox"/> 501(f)	
3(b) City or town, State, and ZIP code Des Moines, Iowa 50309		4 Name and phone number of person to be contacted Thomas W. Carpenter (515) 245-4300	
5 Month the annual accounting period ends June 30	6 Date incorporated or formed 7-20-82	7 Activity codes 602   349	
8(a) Has the organization filed Federal income tax returns? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form number(s), year(s) filed, and Internal Revenue office where filed ▶			
8(b) Has the organization filed exempt organization information returns? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form number(s), year(s) filed, and Internal Revenue office where filed ▶			

### Part II.—Type of Entity and Organizational Documents (see instructions)

Check the applicable entity box below and attach a conformed copy of the organization's organizing and operational documents as indicated for each entity.

Corporation—Articles of incorporation, bylaws.  Trust—Trust indenture.  Other—Constitution or articles, bylaws.

### III.—Activities and Operational Information

1 What are or will be the organization's sources of financial support? List in order of magnitude. If a part of the receipts is or will be derived from the earnings of patents, copyrights, or other assets (excluding stock, bonds, etc.), identify the item as a separate source of receipts. Attach representative copies of solicitations for financial support.

Financial support will come from gifts, contributions and bequests from members of the Rotary Club of Des Moines and other interested persons. Additional support may come from projects sponsored or co-sponsored by the Rotary Club of Des Moines and its members.

2 Describe the organization's fund-raising program, both actual and planned, and explain to what extent it has been put into effect. (Include details of fund-raising activities such as selective mailings, formation of fund-raising committees, use of professional fund raisers, etc.)

No fund raising program has been put into effect at this time. A committee will be formed to develop such a program and to promote the foundation.

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge it is true, correct, and complete.

(Signature)

(Title or authority of signer)

(Date)

## Part III.—Activities and Operational Information (Continued)

- 3 Give a narrative description of the activities presently carried on by the organization, and those that will be carried on. If the organization is not fully operational, explain what stage of development its activities have reached, what further steps remain for the organization to become fully operational, and when such further steps will take place. The narrative should specifically identify the services performed or to be performed by the organization. (Do not state the purposes of the organization in general terms or repeat the language of the organizational documents.) If the organization is a school, hospital, or medical research organization, include enough information in your description to clearly show that the organization meets the definition of that particular activity that is contained in the instructions for Part VII-A.

No activities are presently carried on other than the activities involved in organizing the foundation. A separate committee of Des Moines Rotarians will be appointed to develop information and a means of using such information to further awareness of the foundation and to generate interest and gifts. The past projects of the Rotary Club of Greater Des Moines dealing with charitable, religious and educational organization will be reviewed to determine the appropriate interaction between the Rotary Club and the foundation with regard to such projects.

## 4 The membership of the organization's governing body is:

(a) Names, addresses, and duties of officers, directors, trustees, etc.	(b) Specialized knowledge, training, expertise, or particular qualifications
Robert W. Arnold, 1690 Financial Center, Des Moines, IA James E. Parks, 1800 Financial Center, Des Moines, IA B. Rees Jones, Box 974, Des Moines, IA Robert D. Williams, Suite 703, 1200-35th St., West Des Moines, IA James A. Vickery, P.O. Box 1336, Des Moines, IA A. Wells Dickson, 325 SW 5th St., Des Moines, IA Harvey H. Feilin, P.O. Box 39, Des Moines, IA H. K. Mason, 2615 Dean Ave., Des Moines, IA Robert D. McKee, P.O. Box 891, Des Moines, IA Owen J. Newlin, 1206 Mulberry, Des Moines, IA A. David Ostrem, 1500 Locust, Des Moines, IA	

Part III.—Activities and Operational Information (Continued)

4 (c) Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? . . . . .  Yes  No  
If "Yes," name those persons and explain the basis of their selection or appointment.

(d) Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons?" (See specific instruction 4(d).) . . . . .  Yes  No  
If "Yes," explain.

(e) Have any members of the organization's governing body assigned income or assets to the organization? . . . . .  Yes  No  
If "Yes," attach a copy of assignment(s) and a list of items assigned.

(f) Is it anticipated that any current or future member of the organization's governing body will assign income or assets to the organization? . . . . .  Yes  No  
If "Yes," explain fully on an attached sheet.

5 Does the organization control or is it controlled by any other organization? . . . . .  Yes  No  
Is the organization the outgrowth of another organization, or does it have a special relationship to another organization by reason of interlocking directorates or other factors? . . . . .  Yes  No  
If either of these questions is answered "Yes," explain.

The foundation was organized by the Board of Directors of the Rotary Club of Des Moines. Initially the Board of Directors of the foundation is the same as the Board of the Rotary Club. It is contemplated that the Board will not remain the same but the Rotary Club members will continue to control the foundation.

6 Is the organization financially accountable to any other organization? . . . . .  Yes  No  
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

The foundation is financially accountable to the Rotary Club of Des Moines and will submit periodic reports to the directors and membership. Since there has been no activity thus far, no reports have been submitted.

7 (a) What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken.

None at this time.

(b) To what extent have you used, or do you plan to use contributions as an endowment fund, i.e., hold contributions to produce income for the support of your exempt activities? There is some thought of holding bequests and other gifts designated as endowment for endowment purposes.

8 (a) What benefits, services, or products will the organization provide that are related to its exempt function?

The organization will provide support for various charitable, religious and educational projects which approach the Rotary Club for support.

Part III.—Activities and Operational Information (Continued)

8 (b) Have the recipients been required or will they be required to pay for the organization's benefits, services, or products? . . . . .  Yes  No  
If "Yes," explain and show how the charges are determined.

9 Does or will the organization limit its benefits, services, or products to specific classes of individuals? . . . . .  Yes  No  
If "Yes," explain how the recipients or beneficiaries are or will be selected.

10 Is the organization a membership organization? . . . . .  Yes  No  
If "Yes," complete the following:

- (a) Describe the organization's membership requirements and attach a schedule of membership fees and dues.
- (b) Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.  
All efforts will be directed to the Rotary membership. No materials have been developed at this time.
- (c) Are benefits, services, or products limited to members? . . . . .  Yes  No  
If "No," explain.

11 Does or will the organization engage in activities tending to influence legislation or intervene in any way in political campaigns? . . . . .  Yes  No  
If "Yes," explain. (Note: You may wish to file Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation.)

12 Does the organization have a pension plan for employees? . . . . .  Yes  No

- 13 (a) Are you filing Form 1023 within 15 months from the end of the month in which you were created or formed as required by section 508(a) and the related Regulations? (See general instructions.) . . . . .  Yes  No
- (b) If you answer "No," to 13(a) and you claim that you fit an exception to the notice requirements under section 508(a), attach an explanation of your basis for the claimed exception.
- (c) If you answer "No," to 13(a) and section 508(a) does apply to you, you may be eligible for relief under section 1.9100 of the Income Tax Regulations from the application of section 508(a). Do you wish to request relief? . . . . .  Yes  No
- (d) If you answer "Yes," to 13(c) attach a detailed statement that satisfies the requirements of Rev. Proc. 79-63.
- (e) If you answer "No," to both 13(a) and 13(c) and section 508(a) does apply to you, your exemption can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption from the date the application is received and not retroactively to the date you were formed? . . . . .  Yes  No

Part IV.—Statement as to Private Foundation Status

- 1 Is the organization a private foundation? . . . . .  Yes  No
- 2 If you answer "Yes," to question 1 and the organization claims to be a private operating foundation, check here  and complete Part VIII.
- 3 If you answer "No," to question 1 indicate the type of ruling you are requesting regarding the organization's status under section 509 by checking the box(es) that apply below:
  - (a) Definitive ruling under section 509(a)(1), (2), (3), or (4) ▶ . Complete Part VII.
  - (b) Advance ruling under section ▶  170(b)(1)(A)(vi) or ▶  509(a)(2)—see instructions.
  - (c) Extended advance ruling under section ▶  170(b)(1)(A)(vi) or ▶  509(a)(2)—see instructions.
 (Note: If you want an extended advance ruling you must check the appropriate boxes for both 3(b) and 3(c).)

Statement of Support, Revenue, and Expenses for period ending ..... 19.....

Support and Revenue	1	Gross contributions, gifts, grants, and similar amounts received . . . . .	1	
	2	Gross dues and assessments of members . . . . .	2	
	3	(a) Gross amounts derived from activities related to organization's exempt purpose . . . . .	3	
		(b) Minus cost of sales . . . . .		
	4	(a) Gross amounts from unrelated business activities . . . . .	4	
		(b) Minus cost of sales . . . . .		
	5	(a) Gross amount received from sale of assets, excluding inventory items (attach schedule) . . . . .	5	None
	(b) Minus cost or other basis and sales expenses of assets sold . . . . .			
6	Investment income (see instructions) . . . . .	6		
7	Total support and revenue . . . . .	7		
Expenses	8	Fund raising expenses . . . . .	8	
	9	Contributions, gifts, grants, and similar amounts paid (attach schedule) . . . . .	9	
	10	Disbursements to or for benefit of members (attach schedule) . . . . .	10	
	11	Compensation of officers, directors, and trustees (attach schedule) . . . . .	11	
	12	Other salaries and wages . . . . .	12	
	13	Interest . . . . .	13	
	14	Rent . . . . .	14	
	15	Depreciation and depletion . . . . .	15	
	16	Other (attach schedule) . . . . .	16	
	17	Total expenses . . . . .	17	
	18	Excess of support and revenue over expenses (line 7 minus line 17) . . . . .	18	

Balance Sheets		Enter dates ▶	Beginning date	Ending date
<b>Assets</b>				
19	Cash: (a) Interest bearing accounts . . . . .			
	(b) Other . . . . .	19		
20	Accounts receivable, net . . . . .	20		
21	Inventories . . . . .	21		
22	Bonds and notes (attach schedule) . . . . .	22		
23	Corporate stocks (attach schedule) . . . . .	23		
24	Mortgage loans (attach schedule) . . . . .	24		
25	Other investments (attach schedule) . . . . .	25		
26	Depreciable and depletable assets (attach schedule) . . . . .	26		
27	Land . . . . .	27		
28	Other assets (attach schedule) . . . . .	28		
29	Total assets . . . . .	29	None	
<b>Liabilities</b>				
30	Accounts payable . . . . .	30		
31	Contributions, gifts, grants, etc., payable . . . . .	31		
32	Mortgages and notes payable (attach schedule) . . . . .	32		
33	Other liabilities (attach schedules) . . . . .	33		
34	Total liabilities . . . . .	34		
<b>Fund Balances or Net Worth</b>				
35	Total fund balances or net worth . . . . .	35		
36	Total liabilities and fund balances or net worth (line 34 plus line 35) . . . . .	36		

Has there been any substantial change in any aspect of your financial activities since the period ending date shown above?  Yes  No  
 If "Yes," attach a detailed explanation.

Part VI.—Required Schedules for Special Activities		if "Yes," check here;	And, complete schedule—
1	Is the organization, or any part of it, a school? . . . . .		A
2	Does the organization provide or administer any scholarship benefits, student aid, etc.? . . . .		B
3	Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . . .		C
4	Is the organization, or any part of it, a hospital or a medical research organization? . . . . .		D
5	Is the organization, or any part of it, a home for the aged? . . . . .		E
6	Is the organization, or any part of it, a litigating organization (public interest law firm or similar organization)? . . . .		F
7	Is the organization, or any part of it, formed to promote amateur sports competition? . . . . .		G

**Part VII.—Non-Private Foundation Status (Definitive ruling only)**

**A.—Basis for Non-Private Foundation Status**

The organization is not a private foundation because it qualifies as:

✓	Kind of organization	Within the meaning of	Complete
1	a church	Sections 509(a)(1) and 170(b)(1)(A)(i)	
2	a school	Sections 509(a)(1) and 170(b)(1)(A)(ii)	
3	a hospital	Sections 509(a)(1) and 170(b)(1)(A)(iii)	
4	a medical research organization operated in conjunction with a hospital	Sections 509(a)(1) and 170(b)(1)(A)(iii)	
5	being organized and operated exclusively for testing for public safety	Section 509(a)(4)	
6	being operated for the benefit of a college or university which is owned or operated by a governmental unit	Sections 509(a)(1) and 170(b)(1)(A)(iv)	Part VII.—B
7	normally receiving a substantial part of its support from a governmental unit or from the general public	Sections 509(a)(1) and 170(b)(1)(A)(vi)	Part VII.—B
8	normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions)	Section 509(a)(2)	Part VII.—B
9	being operated solely for the benefit of or in connection with one or more of the organizations described in 1 through 4, or 6, 7, and 8 above	Section 509(a)(3)	Part VII.—C

**B.—Analysis of Financial Support**

	(a) Most recent tax year	(Years next preceding most recent tax year)			(e) Total
	19.....	(b) 19.....	(c) 19.....	(d) 19.....	
1 Gifts, grants, and contributions received . . . . .					
2 Membership fees received . . . . .					
3 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity which is not an unrelated business within the meaning of section 513 . . . . .			None		
4 Gross investment income (see instructions for definition) . . . . .					
5 Net income from organization's unrelated business activities not included on line 4 . . . . .					
6 Tax revenues levied for and either paid to or spent on behalf of the organization . . . . .					
7 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge) . . . . .					
8 Other income (not including gain or loss from sale of capital assets)—attach schedule . . . . .					
9 Total of lines 1 through 8 . . . . .					
10 Line 9 minus line 3 . . . . .					
11 Enter 2% of line 10, column (e) only . . . . .					

12 If the organization has received any unusual grants during any of the above tax years, attach a list for each year showing the name of the contributor, the date and amount of grant, and a brief description of the nature of such grant. Do not include such grants on line 1 above—(See instructions).

Part VII.—Non-Private Foundation Status (Definitive ruling only) (Continued)

B.—Analysis of Financial Support (Continued)

13 If the organization's non-private foundation status is based on:

- (a) Sections 509(a)(1) and 170(b)(1)(A)(iv) or (vi).—Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts for the entire period were more than the amount shown on line 11.
- (b) Section 509(a)(2).—For each of the years included on lines 1, 2, and 3, attach a list showing the name of and amount received from each person who is a "disqualified person."

For each of the years on line 3, attach a list showing the name of and amount received from each payor (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payor" includes but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any government agency or bureau.

C.—Supplemental Information Concerning Organizations Claiming Non-Private Foundation Status Under Section 509(a)(3)

1 Organizations supported by applicant organization:

Name and address of supported organization	Has the supported organization received a ruling or determination letter that it is not a private foundation by reason of section 509(a)(1) or (2)?
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

2 To what extent are the members of your governing board elected or appointed by the supported organization(s)?

3 What is the extent of common supervision or control that you and the supported organization(s) share?

4 To what extent do(es) the supported organization(s) have a significant voice in your investment policies, the making and timing of grants, and in otherwise directing the use of your income or assets?

5 Does the mentioning of the supported organization(s) in your governing instrument make you a trust that the supported organization(s) can enforce under State law and compel to make an accounting? . . . . .  Yes  No  
If "Yes," explain.

6 What portion of your income do you pay to each supported organization and how significant is the support to each?

7 To what extent do you conduct activities which would otherwise be carried out by the supported organization(s)? Explain why these activities would otherwise be carried on by the supported organization(s).

8 Is the applicant organization controlled directly or indirectly by one or more "disqualified persons" (other than one who is a disqualified person solely because he or she is a manager) or by an organization which is not described in section 509(a)(1) or (2)? . . . . .  Yes  No  
If "Yes," explain.

**SCHEDULE A.—Schools, Colleges, and Universities**

**1** Is the organization an instrumentality of a State or political subdivision of a State? . . . . .  Yes  No  
If "Yes," document this in Part III and do not complete items 2 through 8 of this schedule. (See instructions for Schedule A.)

Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to:

- (a) Admissions? . . . . .  Yes  No
- (b) Use of facilities or exercise of student privileges? . . . . .  Yes  No
- (c) Faculty or administrative staff? . . . . .  Yes  No
- (d) Scholarship or loan program? . . . . .  Yes  No

If "Yes," for any of the above, explain.

**3** Does the organization include a statement in its charter, bylaws, or other governing instrument, or in a resolution of its governing body, that it has a racially nondiscriminatory policy as to students? . . . . .  Yes  No  
Attach whatever corporate resolutions or other official statements the organization has made on this subject.

**4** (a) Has the organization made its racially nondiscriminatory policies known in a manner that brings the policies to the attention of all segments of the general community which it serves? . . . . .  Yes  No

If "Yes," describe how these policies have been publicized and state the frequency with which relevant notices or announcements have been made. If no newspaper or broadcast media notices have been used, explain.

(b) If applicable, attach clippings of any relevant newspaper notices or advertising, or copies of tapes or scripts used for media broadcasts. Also attach copies of brochures and catalogues dealing with student admissions, programs, and scholarships, as well as representative copies of all written advertising used as a means of informing prospective students of your programs.

**5** Attach a numerical schedule showing the racial composition, as of the current academic year, and projected as far as may be feasible for the next academic year, of: (a) the student body, (b) the faculty and administrative staff.

**6** Attach a list showing the amount of any scholarship and loan funds awarded to students enrolled and the racial composition of the students who have received the awards.

**7** (a) Attach a list of the organization's incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

(b) State whether any of the organizations listed in (a) have as an objective the maintenance of segregated public or private school education, and, if so, whether any of the individuals listed in (a) are officers or active members of such organizations.

**8** Indicate the public school district and county in which the organization is located.

**SCHEDULE B.—Organizations Providing Scholarship Benefits, Student Aid, etc. to Individuals**

**1** (a) Describe the nature of the scholarship benefit, student aid, etc., including the terms and conditions governing its use, whether a gift or a loan, and the amount. If the organization has established or will establish several categories of scholarship benefits, identify each kind of benefit and explain how the organization determines the recipients for each category. Attach a sample copy of any application the organization requires or will require of individuals to be considered for scholarship grants, loans, or similar benefits. (Private foundations that make grants for travel, study or other similar purposes are required to obtain advance approval of scholarship procedures. See sections 53.4945-4(c) and (d) of the regulations.)

(b) If you want this application considered as a request for approval of grant procedures in the event we determine that you are a private foundation, check here . . . . .



**SCHEDULE B.—Organizations Providing Scholarship Benefits, Student Aid, etc. to Individuals (Continued)**

2 What limitations or restrictions are there on the class of individuals who are eligible recipients? Specifically explain whether there are, or will be, any restrictions or limitations in the selection procedures based upon race and whether there are, or will be, restrictions or limitations in selection procedures based on the employment status of the prospective recipient or any relative of the prospective recipient. Also indicate the approximate number of eligible individuals.

3 Indicate the number of grants you anticipate making annually . . . . .

4 List the names, addresses, duties, and relevant background of the members of your selection committee. If you base your selections in any way on the employment status of the applicant or any relative of the applicant, indicate whether there is or has been any direct or indirect relationship between the members of the selection committee and the employer. Also indicate whether relatives of the members of the selection committee are possible recipients or have been recipients.

5 Describe any procedures you have for supervising grants, such as obtaining reports or transcripts, which you award and any procedures you have for taking action if the terms of the grant are violated.

**SCHEDULE C.—Successors to "For Profit" Institutions**

1 What was the name of the predecessor organization and the nature of its activities?

2 Who were the owners or principal stockholders of the predecessor organization? (If more space is needed, attach schedule.)

Name and address	Share or interest

3 Describe the business or family relationship between the owners or principal stockholders and principal employees of the predecessor organization and the officers, directors, and principal employees of the applicant organization.

4 (a) Attach a copy of the agreement of sale or other contract that sets forth the terms and conditions of sale of the predecessor organization or of its assets to the applicant organization.

(b) Attach an appraisal by an independent qualified expert showing the fair market value of the facilities or property interest sold at the time of sale.

SCHEDULE C.—Successors to "For Profit" Institutions (Continued)

5 Has any property or equipment formerly used by the predecessor organization been rented to the applicant organization or will any such property be rented? . . . . .  Yes  No

If "Yes," explain and attach copies of all leases and contracts.

6 Is the organization leasing or will it lease or otherwise make available any space or equipment to the owners, principal stockholders, or principal employees of the predecessor organization? . . . . .  Yes  No

If "Yes," explain and attach a list of these tenants and a copy of the lease for each such tenant.

7 Were any new operating policies initiated as a result of the transfer of assets from a profit-making organization to a nonprofit organization? . . . . .  Yes  No

If "Yes," explain.

SCHEDULE D.—Hospitals and Medical Research Organizations

Check here if you are claiming to be a hospital and complete the questions in Part I of this Schedule and write "N/A" in Part II.

Check here if you are claiming to be a medical research organization operated in conjunction with a hospital and complete the questions in Part II of this Schedule and write "N/A" in Part I.

Part I.—Hospitals

(a) How many doctors are on the hospital's courtesy staff? . . . . .  Yes  No  
(b) Do these doctors include all the doctors in the community? . . . . .  Yes  No

If "No," give the reasons why and explain how the courtesy staff is selected.

2 Composition of board of directors or trustees. (If more space is needed, attach schedule.)

Name and address	Occupation

3 (a) Does the hospital maintain a full-time emergency room? . . . . .  Yes  No

(b) What is the hospital's policy on administering emergency services to persons without apparent means to pay?

(c) Does the hospital have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? . . . . .  Yes  No  
Explain.

SCHEDULE D.—Hospitals and Medical Research Organizations (Continued)

Part I.—Hospitals (Continued)

4 (a) Does or will the hospital require a deposit from persons covered by Medicare or Medicaid in its admission practices? . . . . .  Yes  No  
If "Yes," explain.

(b) Does the same deposit requirement apply to all other patients? . . . . .  Yes  No  
If "No," explain.

5 Does or will the hospital provide for a portion of its services and facilities to be used for charity patients? .  Yes  No  
Explain (include data on the hospital's past experience in admitting charity patients and arrangements it may have with municipal or governmental agencies for absorbing the cost of such care).

6 Does or will the hospital carry on a formal program of medical training and research? . . . . .  Yes  No  
If "Yes," describe.

7 Does the hospital provide office space to physicians carrying on a medical practice? . . . . .  Yes  No  
If "Yes," attach a list setting forth the name of each physician, the amount of space provided, the annual rent (if any), and the expiration date of the current lease.

Part II.—Medical Research Organizations

1 Name the hospital(s) with which you have a relationship and describe the relationship(s).

2 Describe your present and proposed (indicate which) medical research activities, show the nature of the activities, and the amount of money which has been or will be spent in carrying them out. (Making grants to other organizations is not direct conduct of medical research.)

3 Attach a statement of assets showing the fair market value of your assets and the portion of the assets directly devoted to medical research.

**SCHEDULE E.—Homes for Aged**

**1** What are the requirements for admission to residency? Explain fully and attach promotional literature and application forms.

**2** Does or will the home charge an entrance or founder's fee? . . . . .  Yes  No  
If "Yes," explain.

**3** What periodic fees or maintenance charges are or will be required of its residents?

**4 (a)** What established policy does the home have concerning residents who become unable to pay their regular charges?

**(b)** What arrangements does the home have or will it make with local and Federal welfare units, sponsoring organizations, or others to absorb all or part of the cost of maintaining those residents?

**5** What arrangements does or will the home have to provide for the health needs of its residents?

**6** In what way are the home's residential facilities designed to meet some combination of the physical, emotional, recreational, social, religious, and similar needs of the aged?

**7** Has the home established or will it establish any reserves for future expenditures? . . . . .  Yes  No  
If "Yes," state the source of such reserves and explain how they will be used.

**8** Attach a sample copy of the contract or agreement the organization makes with or requires of its residents.

**SCHEDULE F.—Litigating Organizations (Public Interest Law Firms and Similar Organizations)**

**1** Will the organization conform to the guidelines for organizations engaged in litigation activities issued by the Internal Revenue Service in Rev. Proc. 71-39, 1971-2 C.B. 575, and Rev. Proc. 75-13, 1975-1 C.B. 662?  Yes  No  
If "No," explain.

**2** What is the organization's area of public interest or concern?

**3** Is the organization set up primarily to try the case of a particular person or prosecute a particular cause of action?  Yes  No  
If "Yes," explain.

**4** What are the organization's criteria for selection of cases?

**5** In what cases has the organization started legal proceedings and in what other cases is it preparing to start proceedings? Describe the legal issues involved in each case and explain how they relate to the organization's area of concern.

**6 (a)** Composition of the organization's board of directors or trustees:

Name and address	Business or Occupation

**(b)** Will any of the attorneys hired by the organization be a trustee or member of the board of directors of the organization or be associated in the practice of law with any such trustee or member?  Yes  No  
If "Yes," explain.

**7** Does or will the organization share office space with a private law firm?  Yes  No  
If "Yes," explain.

**8** Does or will the organization receive fees for its professional services?  Yes  No  
If "Yes," explain.

**SCHEDULE G.—National or International Amateur Sports Competition**

**1** Does your organization directly or indirectly provide any facilities or equipment for the use of amateur athletes engaged in national or international sports competition?  Yes  No  
If "Yes," explain.

**2** How do you foster national or international sports competition?

**3** Do you provide financial assistance to amateur athletes?  Yes  No